DOCUMENT RESUME

ED 209 619 CG 015 575

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TITLE Ethical Issues in Academic Substance Abuse Consultation.
PUB DATE Aug 81
NOTE 10p.: Paper presented at the Annual Convention of the American Psychological Association (89th, Los Angeles, CA, August 24-26, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Competence; *Consultants; Consultation Programs; *Counselor Client Relationship; Credibility; Drug Abuse; *Drug Education; *Ethics; *Illegal Drug Use; Moral Values; Prevention; Privacy; State of the Art Reviews

ABSTRACT

Several important ethical issues need to be addressed both by the consultant and the organization in the field of academic substance abuse consultation. Various problems face the university-based academician who consults with agencies and organizations, such as consultant abuse, i.e., when a consultant is hired on the basis of title and academic affiliation rather than for specific research competencies. In addition, most drug education/prevention programs desire reduction of adolescent drug use; however, some data suggest that drug use may increase rather than decrease as a result of education programs. The ethical issues involved in this phenomenon have not been analyzed. Adolescent drug abuse also represents illegal behaviors and has important implications for issues such as informed consent and protection of data. Finally, implications of therapist-client sexual relationships or harassment upon both the therapeutic relationship and the objective evaluation of therapy outcome must be considered. The psychological research consultant can attempt to improve the methodological quality of substance abuse programs, while simultaneously assuring that ethical standards are maintained. (Author/NRB)

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ETHICAL ISSUES IN ACADEMIC SUBSTANCE ABUSE CONSULTATION

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Presented at:

American Psychological Association Convention

Los Angeles, CA

August, 1981

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This paper will describe the role of ethical issues in academic substance abuse consultation, and will focus on particular problems faced by the university based academician in consulting to agencies and organizations. Because many organizations do not receive government support, they are not obligated to observe regulations with respect to the protection of human subjects. Clearly, there are a number of important ethical issues which must be addressed both by the consultant and the organization.

First, from the standpoint of the research consultant, is the possible problem of consultant abuse, which may occur when the organization uses the consultant more for his/her title and academic affiliation than for specific research competencies. On the one hand, it is most unlikely that a research consultant would be hired who did not have an academic background and affiliation; on the other hand, such an affiliation may provide a greater degree of implied importance and support to the organization than is actually the case. Any academically based consultant must be careful that his/her academic affiliation is not used to provide support to a program simply because s/he consulted with the organization. Care must be taken so that the consultant and his/her academic institution are not used in such a way so as to misrepresent both the consultant and the academic institution. The Ethical Principles of Psychologists (1981) states that "...psychologists do not present their affiliation with any organization in a manner that falsely implies sponsorship or certification by that organization." Perhaps a disclaimer statement by the consultant that the views expressed in the consultation process do not represent those of the academic institution would reduce the possibility of such misrepresentation.

Second, there is some concern as to whether or not the academician who consults for pay may be shirking his/her academic responsibilities in comparison to non-consulting colleagues. In their study of those academic faculty members who did consult for a fee, Marver and Patton (1976) assessed the possible impact of such consultation upon the faculty member's department, as we as potential conflicts of interest. They found that over one-third of the academic faculty surveyed did consulting for a fee; these consulting faculty generally published more than their non-consulting colleagues. Those who consulted also taught more graduate students than undergraduates, and were younger and higher in rank then their non-consulting colleagues.

In a more extensive analysis of their previous work, Patton and Marver (1979) and Patton (1980) discovered that consulting faculty were professionally more active than non-consulting faculty. Nearly 20% of the faculty consulted more than one-half day per week, while about 6% consulted more than one day per week. About 60% of those who consulted for a fee were based at a university, while 68% who did unpaid consulting were at a four year

college or junior college. They found no evidence to suggest that those faculty who consulted for pay shirked any of their university responsibilities because they might have less time; indeed, the consulting faculty members were overall more active professionally and more productive than the non-consulting faculty.

RESEARCH CONSULTATION

From the standpoint of organizational objectives, there are some potentially serious ethical problems. Most drug education/prevention programs have as their goal the reduction of adolescent drgu use and abuse. However, there are numerous studies (e.g., Goodstadt, 1980) which suggest that drug use may in fact increase as a result of the drug education program, rather than decrease. Generally, these negative findings have been interpreted as indicating a failure of the particular drug education program; however, the ethical issue of making a problem behavior worse while trying to improve it has not often been systematically explored. Since the research consultant may play a major part in the development of the education/prevention program, several ethical implications of research decisions must be considered, both by the consultant and the client organization. For example, what services (if any) are to be provided to those adolescents who may increase their use of drugs as a result of the program? Will referral policies be developed? Will treatment facilities be available (and who will pay) if the adolescent experiences serious chemical or behavioral problems as a result of the project? Is the organization (or the consultant) responsible for what may be considered "research malpractice"? These issues are often addressed on the university level through institutional review boards; however, since many small organizations have no institutional review boards, the problems may never even be recognized.

The lack of adequate evaluation in most drug abuse prevention programs may produce some additional ethical concerns for the university based consultant. Because the drug education (and evaluation) field is relatively new, there has been no standardization of methodology, experimental design, etc. Thus, the research consultant may not be able to recommend a standardized, scientifically acceptable design. The Ethical Principles of Psychologists (1981) states that "In those areas in which recognized standards do not yet exist, psychologists take whatever precautions are necessary to protect the welfare of their clients. They maintain knowledge of current scientific and professional information related to the services they render." Consequently, research consultants should at least be familiar with some of those publications which are specifically related to drug prevention/evaluation designs (e.g., Abrams, et al, 1973), as well as those more general methodological texts relevant to the difficult problems in drug prevention research (e.g., Campbell & Stanley, 1963; Cook & Campbell, 1979).

Furthermore, adolescent drug abuse represents illegal behaviors on the part of the adolescent. This has important implications for issues such as informed consent on the part of participating subjects (e.g., is parental and adolescent consent required), who shall have access to data upon self-reported illegal drug use (e.g., the investigator, school personnel, law enforcement agencies), how such sensitive data shall be protected, etc. Within the research consultation framework, it is essential to deal with issues of evaluation criteria, the possible misuse of evaluation findings, the need to evaluate the evaluators, etc. (Rich, 1979). Moreover, the extent to which the evaluator can intervene into the program s/he is consulting with represents an ethical dilemma of some consequence (e.g., Perloff, 1973).

The Ethical Principles of Psychologists (1981) state that "Psychologists have a primary obligation to respect the confidentiality of information obtained from persons in the course of their work as psychologists." Since the subjects in most drug education/prevention programs are minors, the consulting research psychologist should be aware of the problems of deception in research (e.g., Kelman, 1967; Sanders, 1980), as well as those strategies which have been developed in the study of privacy and confidentiality in surveys (National Academy of Sciences, 1979), so as to balance the rights of the subjects against the needs of the researcher. In those cases where a psychologist may provide research consultation in clinical settings (e.g., hospitals, detoxification centers, etc.) where drugs may be administered in the course of treatment of patients, more serious ethical issues must be addressed (e.g., Barber, 1976; National Institutes on Health, 1980).

Research consultation with a treatment oriented organization may involve dealing with the complex issues of treatment effectiveness. Recently, one phenomenon that has generated much concern in clinical psychology (and psychiatry) is that of therapist-client sexual relationships/harassment. Clearly, such relationships will have an impact not only upon the therapeutic relationship, but on the objective evaluation of therapy outcome as well. For example, this author had consulted with one organization which had to fire three alcoholism counselors during a one year period because the counselors had become sexually involved with their clients. While not attempting to dismiss the potential psychological trauma that this experience may have upon both the client and the therapist, it should be noted that such therapist-client relationships may exert a profound effect upon the evaluation of the treatment program, in ways that are not yet clearly understood. In a field that is dominated by paraprofessionals, many of whom are not aware of the potential ethical and legal problems with respect to counselor-client sexual relationships, the research consultant can, at the very least, bring this issue to the attention of the organization.

ETHICS, VALUES AND DECISIONS

It has recently been suggested (Klerman, 1980) that university resources, such as faculty, be more widely used for training and technical assistance in the area of prevention evaluation. Such an increase provides opportunities for psychologists in the area of "research consultation" (King & Hanin, 1975); however, the psychologist can provide valuable expertise in areas other than research design.

Historically, the alcohol and drug abuse fields have been dominated by treatment issues; during the past few years, however, there has been an increasing concern with problems of substance abuse (alcohol, drugs, tobacco and food). Recent publications (Maloff & Levison, 1980; Institute of Medicine, 1980) have focused on a variety of research problems within the substance abuse context. With a corresponding interest in the concept of primary prevention, the linkages between substance abuse, prevention, and treatment have become stronger. Consequently, the development of innovative research and evaluation strategies, often within a non-treatment framework, may provide substantial opportunities for academic psychologists (e.g., Hochhauser, 1981). Despite optimistic possibilities, it should be noted that human service organizations may be difficult to change (Leonard & McGaughey, 1980), and the consultant may not always be successful.

Consultation planning: Prior to the actual consultation, it is essential for the consultant to obtain information from the organization with respect to the objectives of the consultation. Too often, organizations which have minimal (or nonexistent) research expertise expect an academic consultant to perform on very short notice, to develop a research design, to provide the assessment instruments, to organize the overall research project, to provide a summary of the relevant literature, etc., often within a one or two day period. Such expectations are usually unrealistic, and it is vital for both the organization and the consultant to understand the limitations of the consultation process, especially as such limitations affect research strategies.

Research values: Many organizations which have heretofore been engaged primarily in substance abuse treatment are shifting into the realm of drug abuse prevention and drug education. The treatment orientation may pose at least two major problems for the research consultant. First, because many of the personnel may be paraprofessionals without academic training, there may be a a profound lack of understanding with respect to what can, or cannot be accomplished through research. Without a fundamental knowledge (and appreciation) of research values, the organization may misinterpret the objectives of the consultant, perhaps because of the potentially threatening nature of evaluation research (i.e., research may document the ineffectiveness of the program). Thus,

an important part of the consultation process may be to provide the organization with a brief understanding and appreciation of research. For example, those psychologists who have taught courses in substance abuse, or who have published in the area, often possess important knowledge which can be most useful to a prospective client. Much of the research in the drug abuse field has been characterized as atheoretical (as has much of the research on the consultation field). Consequently, the ability of the psychologist to develop a psychological perspective for a research/evaluation project can be valuable, both in terms of the design of the project as well as its subsequent interpretation.

Research crises: Organizational personnel often have a service delivery background in alcoholism and/or drug abuse treatment; therefore, their mental set may be to approach the issues of drug prevention/education within a treatment framework. A major problem for the research consultant is that personnel from this background tend to view alcohol/drug problems within a crisis intervention mode. Thus, the consultant may be sought only when a "research crisis" is reached. Unlike a treatment setting, where an individual can be referred to a hospital, detoxification center, etc. when an alcohol/drug crisis occurs, the organization's prevention/education program may be referred to the research consultant when a crisis is reached. Far too often the research consultant is contacted near the middle or end of a project, in an attempt to "fix" a crisis. Seldom is the consultant used from the very beginning, when the consultation could be most effective. Research is an ongoing process, not an isolated event; ideally, the research consultant should be available throughout the project, rather than at the crisis point only. Without an understanding of research procedures or an appreciation of research values, decisions that are made with respect to the program will be based on an incomplete (or inaccurate) analysis.

Consultation conflicts: Much research in the drug abuse field, particularly in the area of drug education, has been poorly evaluated (e.g., Randall & Wong, 1976; Goodstadt, 1978; 1980) and has been characterized by fundamental research errors. Many of these methodological flaws could be reduced (or possibly eliminated) by the use of a consultant, who has expertise not only in the area of experimental design, but in the content area of substance abuse as well. It has been noted that professionals often lack the academic preparation to carry out sophisticated designs (e.g., Clyde, 1972); some degree of reliance upon a research consultant becomes a practical necessity. Furthermore, it should be noted that important differences exist between traditional research methodology and evaluation research methodology; the consultant must be aware of such differences (e.g., Rutman, 1977; Cook & Reichardt, 1979), as well as the limitations of evaluation designs. It is often difficult, if not impossible, to reconcile the needs of an organization with the suggestions of the consultant. The human service organization may have inadequate funds, no computing facilities, a paraprofessional staff, little

knowledge or appreciation for research, while the consultant is proposing a design worthy of a doctoral dissertation. Such a conflict may result in all of the consultant's recommendations being ignored; ultimately, the consultation process benefits no one.

An important point to emphasize is the consultation role of the research consultant. That is, the consultant can make recommendations--the consultant cannot assume (or demand) that these recommendations will be followed, either in whole or in part. Lacking any real control over the client organization, the consultant should be specific in his/her recommendations that have ethical implications (e.g., APA, 1973). If the organization is being run by non-psychologists, their awareness and committment to ethical standards may be minimal; moreover, there may be no possible way of bringing unethical practices to a state agency, since the individuals within the organization may not require state licensure or regulation. Such conflicts should probably be handled at the discretion of the consultant.

Ethical Principles of Psychologists (1981) states that research shall be carried out "with cognizance of federal and state regulation and professional standards governing the conduct of research with human participants". Given the differences in defining who is entitled to call him/herself a psychologist (e.g., Wiens & Menne, 1981), and that most licensed psychologists appear to be in the areas of clinical/counseling psychology, the research consultant has been largely ignored. Unethical and improperly designed research can have as deleterious effects as can imcompetent clinical practice. The psychological research consultant can attempt to improve the methodological quality of substance abuse programs, while at the same time assuring that ethical standards are maintained.

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